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		<i>:</i> ;	J	anuary 3, 20		(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	7	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/534,321	25/00/0005		Nigel D Young	342007-1120		4904	
		ENT DEVICES AND TI	HEIR MANUFACTURE				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	01/03/2011	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
HOLLWEG,	THOMAS A	2879	313-506000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			(1) the names of up to or agents OR, alternativ (2) the name of a singl registered attorney or a 2 registered patent atto listed, no name will be	ame of a single firm (having as a member a digitation of a single firm (having as a member a of attorney or agent) and the names of up to cred patent attorneys or agents. If no name is of name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)						document has been filed for	
TPO DISPLAY CORP.			TAIWAN				
Please check the approp	riate assignce category or	categories (will not be p	rinted on the patent):	Individual 🗵 Cor	rporation or other private gr	roup entity Government	
4a. The following fee(s) are submitted:			b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 20-0778 (enclose an extra copy of this form).				
D - Alit alain	atus (from status indicate ns SMALL ENTITY state	s See 37 CFR 1 27	☐ b. Applicant is no lon	ger claiming SMAL	L ENTITY status. See 37 (	CFR 1.27(g)(2).	
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Authorized Signature			Date January 3, 2011				
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